

ACP

AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

June 29, 2007

The Honorable Edward Kennedy
Chairman
Senate Health Education, Labor & Pensions
835 Hart Senate Office Building
Washington, DC 20510

The Honorable Michael Enzi
Ranking Member
Senate Health Education, Labor & Pensions
835 Hart Senate Office Building
Washington, DC 20510

The Honorable Hillary Clinton
476 Russell Senate Office Building
Washington, DC 20510

The Honorable Orrin Hatch
104 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Kennedy, Ranking Member Enzi, Senator Clinton and Senator Hatch:

On behalf of the American College of Physicians (ACP), the nation's largest medical specialty organization representing 124,000 physicians and medical students, we congratulate you on your efforts in passing S. 1693, the "Wired for Health Care Quality Act," out of Committee. We look forward to working with you to move this legislation forward promoting the widespread adoption of health information technology (HIT).

Because internists provide care for more Medicare patients than any other medical specialty, the widespread adoption of HIT is of particular interest to the College. Of our members involved in direct patient care after training, 50 percent are in practices of 5 or fewer physicians and 66 percent are in practices of 10 or fewer. Studies indicate that these small physician practices are the least likely to adopt HIT due to the high initial and sustained costs associated with such technologies.

ACP continues to believe that Congress should utilize the current Medicare payment structure as a means to encourage physician practices to invest the initial capital and continue financing the annual cost of maintenance of a fully interoperable HIT system. We further believe, however, that the competitive grant program, under S. 1693, is a very positive and significant development that will offer targeted and meaningful assistance to those practices that need it the most.

In addition, the College is also very supportive and appreciative of the provision that awards those grants to practices organizing as a patient-centered medical home. The College believes, however, this language may need further clarification of the appropriate level of services involved to effectively implement the patient-centered medical home. We want to make certain the desired elements that define a patient-centered medical home are as clear as possible to all applicants.

The College does, however, have concern in one area related to the public release of Federal health care data, including Medicare claims data. While the intent of publicly reporting claims data is to improve transparency and quality in the health care delivery system, we believe the use of this administrative level data is too limited to provide reliable information on quality of service, patient health status, and outcomes. More specifically, we recommend the following areas to be strengthened:

1. The language should more explicitly commit to aggregating quality data from clinical data collected through HIT and not rely exclusively on the use claims data;
2. We have concern as to whether the three (or more) contracts for Quality Reporting Organizations will be held to the same nationally acknowledged standards of report quality, verification, collaboration with physician organizations on report generation for public use. The AQA have diligently described the types of standards and capabilities such a Quality Reporting Organization might need -- (<http://www.aqaalliance.org/datawg.htm>) and (<http://www.aqaalliance.org/reportingwg.htm>) -- and we believe their criteria ought to be a starting point;
3. On page 32, there is appropriate language safeguarding negotiated price information, however there will need to be some element of sharing cost and price information in order to provide usable information with respect to comparisons of clinician quality, efficiency and utilization of resources;
4. Page 33 - lines 9-12: This provision leaves open the possibility that a large payer might qualify as a Quality Reporting Organization. We are concerned that large payers or health plans would be an aggregator of Federal and private data for the purposes of generating the kinds of reports postulated in this legislation and would support prohibition;
5. Page 36 seems to imply that the types of reports and risk adjustment methodology could be determined by a requestor rather than the Quality Reporting Organization. While customized reports might be helpful for researchers, we believe the risk adjustment methodology should be standardized for all public reports. The AQA statement regarding reporting to consumers has the following principle: "Measures, methods, and data specifications should be as transparent and available as possible so that consumers, purchasers, physicians and other stakeholders know results are valid and reliable." The potential that multiple methodologies could be used is contrary to this principle;
6. We propose that a provision be added for physician feedback or review of reports prior to public release; and
7. The report fees for small physician groups or entities making a request should not be out of reach for smaller entities.

In conclusion, we are hopeful that the physician community could continue to engage the Committee in a constructive dialogue either prior to Senate floor action or Conference on the provisions that remain. Again, we congratulate you immensely on your efforts and look forward to working with you to assure that HIT legislation is adopted in this congressional session to serve as the starting point for efforts to transform the nation's health care system.

Sincerely,

A handwritten signature in black ink that reads "David C Dale". The signature is written in a cursive, slightly slanted style.

David C. Dale, MD, FACP
President